Securing a Healthy Future for Rural America

The fact is if you live in a rural part of our country, you are more likely to get sicker and die younger than people living in cities. That is wrong. Not just because where you live shouldn't dictate how long you live, but because when we fail one part of our country, we fail our whole country.

It hasn't always been this way. In the early 1980s, rural Americans could expect to live as long as Americans living in cities.[1] Since then, our leaders have too often overlooked and underinvested in rural America. Today, the gap between rural and urban life expectancy is at its widest point in at least half a century.[2,3]

Time is running out to get it right, and we need to act now. We need a new approach that recognizes our rural and tribal communities as places of opportunity for this generation and future ones. This begins by protecting and elevating the health of all those who live there. If we go down the same path of disconnect and neglect, we'll repeat the failures of the last 40 years. But, it's not too late. Winning the next 40 years will mean making sure every community in America and every American is able to thrive.

Pete's vision for health in rural America is one where expectant mothers aren't forced to drive hours to meet an OB-GYN and a disabled veteran has access to appropriate transportation to take him to the doctor. It's one where a teenager struggling with depression can meet virtually with a therapist when he needs it, and a doctor can remotely monitor her diabetic patient's blood sugar while he cooks a meal at home.

Under Pete's plan, hospitals that communities rely on will be able to stay open, while America transforms rural models of care and uses technology to make health services more affordable and accessible to all. The plan will also ensure that rural people of color—including Native American, Black, and Latinx people—have fair access to, and higher quality of, health care.

It's time to usher in a new era for rural America. That work begins by deploying investment and innovation to secure the health of *all* rural residents. After years of politicians in Washington ignoring or letting these problems fester, Pete is laying out a new and different approach. Pete's rural health policies will:

- Guarantee that people in rural areas have affordable health insurance options.
- Ensure that people in rural areas have access to critical health services by increasing the availability of health providers.
- Expand access to preventive efforts and effective treatment for mental illness and addiction.

- End the rural maternal health care crisis by making it easier for women to access critical services before, during, and after pregnancy.
- Make it easier for patients to receive treatment at or near their home by expanding telehealth services.
- Strengthen rural health facilities to better address new models of health and community wellness.
- Support rural communities in meaningfully reducing local health inequities.
- Reduce obesity and combat food insecurity.
- Improve access to transportation services.

This rural health plan complements Pete's forthcoming plans to lift up rural communities and small towns, and to tackle the mental illness and addiction epidemic that has disproportionately affected rural communities.

Guarantee an affordable health insurance option through Medicare For All Who Want It.

People living in rural communities are more likely to be uninsured, especially in states that did not expand Medicaid.[4] If they do have coverage through the marketplace, it is likely more expensive than insurance in urban areas.[5] In some states, rural health insurance is almost $2,400 a year more expensive than urban health insurance.[6] This is partly due to a lack of marketplace competition, as over half of the counties in the country have only a single insurer offering coverage.[7] Further, gaps in coverage lead to high rates of uncompensated care, which makes rural hospitals financially vulnerable.[8]

To provide rural residents an affordable health insurance option, Pete will:

- **Strengthen the Affordable Care Act (ACA) and protect it from Republican attacks.** The GOP has spared no effort in trying to repeal the ACA, which would take away health care from millions of people and eliminate protections for people with pre-existing conditions. We cannot make progress toward universal health care coverage unless we shore up the foundation laid by the ACA.
- **Implement Medicare For All Who Want It.** This approach makes a Medicare-type insurance plan available for all people. This plan will make coverage more affordable by creating incentives that encourage corporate insurers to compete with the cheaper Medicare-type plan. It will also give people more choice in health care options, which is critical in rural areas that frequently face a shortage of coverage options. If corporate insurers don't lower costs to deliver something dramatically better than what is available today, competition will lead us towards Medicare for All.
- **Increase and expand access to federal subsidies for marketplace coverage.** Pete will increase subsidies for low-income Americans and expand the subsidies to middle-income Americans. The subsidies from the ACA have made coverage affordable for many low-income Americans, and we know that more generous subsidies would help improve both affordability and coverage.[9]

Dramatically reduce care shortages in rural areas by increasing the number of physicians and other health providers, with an emphasis on primary care, maternal care, mental health, and addiction providers.

In rural America, over 4,000 communities lack access to a primary care doctor,[10] and 2,500 lack access to a mental health professional.[11] By 2020, rural communities will have 8,000 fewer OB-GYNs than needed, putting women at risk.[12] This is unacceptable.

To incentivize physicians to work in rural and tribal areas, Pete will:

- **Expand the Public Service Loan Forgiveness Program (PSLF) and the National Health Service Corps.** We will expand the PSLF program beyond government-, and not-for-profit- based employment to include employment in rural private hospitals and practice groups. We will also restructure the program so that rather than relieving all of the debt at the end of a 10-year period, the PSLF will forgive a portion of loan debt annually.
- **Encourage immigrant doctors to work in rural communities by expanding the Conrad 30 waiver program.** The Conrad 30 waiver program waives the J-1 visa requirement that foreign doctors return to their home country for two years before re-entering the United States to work, allowing them instead to work in a rural or medically underserved area for those two years.[13] To help address the shortage of physicians in rural communities, we will double the program overall and adjust its size annually and at the state level, according to population growth and rural provider needs. To promote family unity, will also ensure that spouses of these visa holders are eligible for employment authorization. We will also expand the Physician National Interest Waiver and support eliminating the per-country caps on EB-2 visas to ensure that immigrant doctors who commit to working in an underserved area for five years are able to obtain Green Cards and serve our communities.
- **Increase Medicare reimbursement rates—and encourage states to increase Medicaid reimbursement rates—for providers working in medically underserved areas.** Increasing rural providers' reimbursement rates will help make it more sustainable for them to treat patients in rural settings and help avoid hospital closures.
- **Expand funding for training models that incentivize medical students and residents to work in rural communities.** This includes development and expansion of graduate medical education (GME) and rural residency training track (RTT) programs[14] and support for other initiatives to rebalance GME training funds from urban settings—where 99% of the funding goes—to rural ones.[15] This can include decoupling GME funding from hospitals and instead tying it to Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), and community-based programs.[16]
- **Expand community paramedicine programs in rural areas**. These programs extend the role of emergency medical service workers (EMTs, paramedics, etc.) beyond their normal emergency functions to assist with preventive and primary care services, in order to increase access to care and reduce unnecessary delays, hospitalizations, or readmissions.[17]

Assure universal access to prevention and treatment for mental illness and addiction, and invest in making communities livable, resilient, and healthy.

Rural and tribal communities have been disproportionately affected by overdose and suicide deaths since 1999. Since then, the rate of drug overdose deaths in rural areas has increased by 400%.[18] People living in rural towns are 45% more likely to die by suicide than those living in a city.[19] For every person who dies by suicide in rural America—as in the rest of the country—there are dozens of others struggling with despair, loneliness, and isolation. Multiple factors play into why deaths to drugs and suicide are increasing. Issues of poverty and other economic factors, as well as lack of timely access to mental health services are all contributors.[20,21] There is also a national shortage of behavioral health providers that is particularly acute in rural areas, where 65% of rural counties don't have a psychiatrist, 81% don't have psychiatric nurse practitioners, and 47% don't have a psychologist.[22]

To address this crisis, we will begin by prioritizing ensuring universal access to effective treatment, such as therapy and medication to treat opioid addiction, and enforcing mental health parity. We will also train communities to address stigma and better support each other through a pillar of our National Service Plan, the Community Health Corps. These policies, and more, will be fully articulated in a forthcoming mental health and addiction policy plan.

Reduce maternal mortality rates by expanding access to high quality care and support before, during, and after pregnancy.

The maternal mortality crisis facing America is particularly dire in rural areas, where moms are 60% more likely to die during or after labor than in American cities.[23] Rural moms often start from behind, entering pregnancy with a greater burden of chronic disease. Less than half of rural moms live within 30 minutes of a hospital equipped for deliveries.[24] This disparity is made even more dangerous for rural women of color: Black and Native moms are over three times more likely to die during pregnancy than white women.

To address this challenge, Pete will:

- **Ensure coverage for and access to the full range of reproductive health care and family planning services in rural areas,** including through increased funding for Title X family planning, and protection of Medicaid expansion and the ACA's Essential Health Benefits that provide preventive reproductive care for women with no cost sharing.
- **Support the Rural MOMS Act.** The Act will improve data collection of maternal mortality and morbidity in rural areas, develop grants to establish regional networks of care, support telehealth initiatives and infrastructure specific to maternal health, and train family medicine physicians, nurse practitioners, doulas, and other professionals to provide maternal care services in rural settings.

- **Support the MOMMA Act, Maternal CARE Act, MOMS Act and MOMMIES Act.** These Acts require training to address implicit bias and racism in hospitals and other health care settings, expand Medicaid coverage for one year postpartum, expand evidence-based programs shown to reduce disparities in pregnancy outcomes, such as the maternal safety bundles developed by the Alliance for Innovation on Maternal Health, and establish pregnancy medical home demonstrations to improve continuity of care.
- **Address the closure of obstetric units by reforming payments to providers of maternal care.** This can include basing payment on the actual cost of care, as well as other different pricing schemes that take into consideration lower patient volume in rural areas.
- **Support funding for models of care that offer subsidies for transportation and housing** for pregnant women nearing term, such as pre-maternity homes.[25]

Make it easier for patients to be treated at or near their home by investing in telehealth.

In our current system of mostly office-based care, many rural patients frequently cannot make appointments because of transportation issues. They also have limited options for specialist care or, when facing potentially life-threatening issues, they end up spending days in the hospital and are left with expensive, difficult-to-pay-off bills. Telehealth and virtual care can help people manage chronic conditions at or close to their homes, and help clinicians determine whether or not a person's health concern requires emergency treatment elsewhere. It can also be used clinician-to-clinician to help rural hospitals and providers connect with specialty services, or to determine if a patient requires a transfer to another hospital for advanced treatment. Furthermore, virtual care and monitoring can be used to treat certain conditions such as pneumonia or mild heart failure in a patient's home, instead of the hospital where patients have increased risk of infection, medical errors,[26] and substantially higher cost.

Despite the promise of virtual care, its adoption remains extremely low. Of the 35 million beneficiaries covered by Medicare last year, only 90,000 (0.25%) utilized virtual care services (primarily for psychotherapy).[27]

To increase access to telehealth, Pete will:

- **Massively expand coverage of high-speed broadband Internet across the country by the end of the first term.** This policy will be fleshed out in a forthcoming policy plan for rural communities and small towns.
- **Help health providers purchase and implement the technology necessary to provide telehealth services by doubling funding for the Federal Communication Commission's (FCC) Rural Health Care Program to $1 billion annually**.[28] This includes support for the FCC's Connected Care pilot program, which will develop telehealth programs for rural veterans and low-income people.
- **Ensure that expansion of telehealth services is accompanied by investments in quality of care.** Reliance on virtual care to improve access and extend the reach of health systems in rural areas must not, even unintentionally, create a separate but unequal standard of care. We will promote federal oversight of telehealth programs by developing and implementing evidence-based clinical guidance for telehealth services, including clear buy-in and commitment from providers, and establishing continuous quality improvement.

- **Expand the types of care settings that can receive reimbursement for telehealth services.** This expansion will include outpatient rehabilitation centers[29] and other locations outside traditional health care settings.[30]
- **Allow health professionals to get compensated for virtually treating patients at home**, including for annual wellness visits, chronic care management, acute visits, and remote patient monitoring.[31]
- **Make it easier for a doctor in one state to virtually treat a patient in another by amending licensure for virtual care programs.** This includes supporting interventions like the Interstate Medical Licensure Compact (IMLC),[32] which seeks to overcome licensure barriers by creating a reciprocity framework that allows health professionals to deliver virtual care in different states.

Support essential health facilities and promote sustainable, tech-forward care models that ensure access to critical health services.

In the last 10 years, 112 rural hospitals have closed[33] and over a quarter of rural hospitals (430) may follow suit.[34] This is troubling not only because hospitals provide critical health services to their communities, but the rural community hospital often serves as a community's "economic engine" as the largest employer in the area.[35] These hospitals tend to be smaller and have higher fixed costs per patient, and are closing due to financial distress as a result of declining patient admissions, higher rates of uncompensated care for uninsured individuals, and smaller margins, which leave less room for innovation.[36]

We must stem the tide of hospital closures and encourage new innovative, tech-forward systems of care while guaranteeing affordable access to critical health services.

To save critical health facilities, Pete will:

- **Establish a new designation for rural health facilities that guarantees community access to critical health services.** Currently, Medicare pays health facilities for emergency care only if the facilities also provide inpatient services.[37] This strict requirement often results in communities losing access to life-saving emergency services when a hospital closes. We support the Rural Emergency Medical Center Act, which designates rural health facilities that provide only emergency and outpatient care as Rural Emergency Medical Centers and allows them to receive Medicare payments, giving them the flexibility to stay open. This designation will require these medical centers to have the resources and flexibility to transport patients to hospitals if need be.[38] The designation will be selectively applied to communities in which it is deemed appropriate.
- **Help hospitals that communities rely on stay open and focused on the health needs of their communities by expanding testing of innovative models, such as the multi-payer global budget model.** This innovative model has already been successfully implemented by Maryland.[39] Pennsylvania is currently implementing it for its rural hospitals. We will work with the Centers for Medicare & Medicaid Services (CMS) to expand the model to other states and appropriate hospitals.
- **Support new models of care and financing that emphasize tech-forward, multi-disciplinary, and/or team-based outpatient care settings.** Examples of these innovative care models are the ECHO model, the Community Outpatient Hospital,[40] the Rural Health Clinic Program,[41] and the School-Based Health Center.[42]

Renew our commitment to Tribal Nations to redress health disparities.

We will strengthen the Indian Health Service (IHS) and improve access to care and outcomes, especially related to cancer, aging, mental health, substance use disorders, violence against women, and diabetes. The Indian Health Care Improvement Act, which authorized the IHS, is a central part of the U.S. commitment to the health of Tribal Nations. Its permanent reauthorization as part of the ACA makes critical the preservation of the ACA. We must make sure that the IHS receives adequate funding on an annual basis through the appropriations process. In addition, we will support reauthorization of the Special Diabetes Program for Indians (HR 2328), so there are sufficient targeted resources to address this health challenge that disproportionately affects Native Americans, as well as programs that promote trauma-informed care. Finally, we will recognize IHS and tribally-managed health departments as equal partners in our efforts to improve the nation's public health infrastructure.

Support and expand funding for rural health initiatives for veterans.

One in four veterans reside in rural areas.[43] We will empower the Department of Veterans Affairs' (VA) Office of Rural Health (ORH) to strengthen collaboration between VA hospital providers and other providers in the community. We recognize rural veterans, like many rural Americans, prioritize trust and deep kinship, which shape how they make decisions about health care and health care providers. Rural primary care providers aren't just delivering health care service; after they earn the required trust, they are viewed as a lasting part of the community. This is why such high turnover rates of rural doctors is a complicated challenge requiring policy designs that incorporate rural veterans' needs for trusted reputation and community validation.

Further, inefficiencies in well-intentioned rural VA hospitals and clinics are viewed as deeply disrespectful and can turn rural veterans away from VA services for a long time, despite their resounding desire for VA health care. The usual bureaucratic steps involved with navigating a VA system are exacerbated in a rural setting where veterans often travel more than an hour for health care appointments. To address this, we will work with the VA ORH to support more innovative policies, programs, and products that respect veterans' needs for convenient health care solutions that fit within well-formed routines and desired geographical parameters.

Mobilize communities to address the economic and social factors that contribute to poor health and health inequity.

The rural health crisis is not experienced equally. Rural America is no monolith: one in five people are people of color, including Black, Latinx, and Native Americans.[44] Immigration patterns are rapidly shifting these demographics.[45] Given America's history of marginalizing and disinvesting in rural communities as well as in those of color, rural people of color have the worst health outcomes in America. For example, life expectancy among rural Black people is 73 years, four years less than rural white people and the lowest of any demographic in the country.[46] Native Americans, over half of whom live in rural areas, have the highest

suicide rate and the highest maternal mortality rate of any demographic in the country.[47] Any policy solution to rural America's health crisis must commit to addressing these disparities head on, not solely as a matter of health, but also as one of justice. To that end, we propose:

- **Designate and invest in Health Equity Zones (HEZs).** Communities with significant health disparities and creative plans for targeted investments will be designated HEZs by the new Office of Health Equity and Justice (OHEJ) at the Department of Health and Human Services (HHS).[48] HEZs will receive financial and technical resources to help reduce or eliminate high priority local health disparities.
- **Empower Medicare and Medicaid to reimburse for addressing the social determinants of health.** There is no shortage of evidence that shows that a "whole-person" approach to health care, encompassing clinical, social, and environmental factors, measurably improves individual health outcomes. We will work with CMS to expand programs and develop new pilots for directly reimbursing community-based social interventions to Medicare and Medicaid.
- **Increase funding for our nation's public health infrastructure.** Only about a third of local public health systems are able to deliver all core public health functions,[49] and funding for the Centers for Disease Control and Prevention–which is responsible for supporting state and local public health departments–has decreased by 10% in the last decade.[50] We will increase funding for public health infrastructure. This is particularly important in rural areas where small health departments may not be able, under current structures, to deliver all core public health functions.
- **Address food insecurity and obesity by increasing access to healthy food and creating an infrastructure that promotes physical activity.** This includes providing rural business development funds for rural grocery stores and programs such as the Rural Grocery Initiative,[51] supporting school-based healthy food distribution models, and augmenting the Department of Agriculture's funding for food hubs and mobile markets. We will also increase funding for the Center for Disease Control and Prevention's High Obesity Program,[52] which provides grants to colleges and universities to work with rural communities to help people improve physical activity and nutrition.
- **Implement protocols for data collection and analysis of historically marginalized groups to better understand and address health disparities.** From the federal to the local level, we will develop and implement protocols for the collection, analysis, and reporting of health data by race, ethnic, and sexual orientation subgroups—with the affected communities' input—to unmask important differences between these population groups.

Expand and increase investment in accessible, sustainable rural transportation services.

Millions of Americans miss or delay medical care because they cannot secure transportation.[53] And current transportation services for rural residents are severely inadequate to meet local needs. Safe, accessible, and sustainable transportation services are critical to ensuring rural Americans' access to healthy food, medical and maternity care, employment, and community—and to preempting the effects of social isolation. For this reason, we must substantially strengthen federal investment[54] in rural transit systems and community-driven

innovative public transit projects.

To achieve this goal, we will:

- **Improve access to existing rural public transportation options and stimulate the creation of new rural transit hubs.** We will expand federal investment in the National Rural Transit Assistance Program and Formula Program for Rural Areas under the Federal Transit Administration. We will also designate and invest in rural transit-oriented development zones. Funding will be applied using a sliding scale that prioritizes the most distressed regions and that tailors federal matching rates to communities' fiscal capacity and investment needs
- **Prioritize universal design, and accessibility, in policy and programs to better accommodate people with chronic physical and/or mental health conditions.** This includes expanding the supply of accessible vehicles and training medical transportation staff to better assist special populations.
- **Leverage new technologies, such as ridesharing services, to increase transportation access in rural communities.** This includes working with CMS to incentivize public-private partnerships and to increase the number and type of vendors that can provide non-emergency medical transportation services, as well as expanding federal grant programs, like the TIGER grants, that directly pilot and scale innovative community-driven projects.

At the end of the day, America is only as healthy as rural America. With the right attention and investments, we can lift the lives of millions of our fellow Americans and unleash the untapped potential of rural America.

Endnotes

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